

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/19/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2008
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE
**114 DIVISION AVENUE, NE
WASHINGTON, DC 20019**

INNOVATIVE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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W 000

INITIAL COMMENTS

W 000

This recertification survey was conducted from May 28, 2008 to May 30 2008. The survey was initiated as a fundamental survey. As a result of identified deficiencies in the area of active treatment a decision was made to conduct a full survey.

At the time of the survey four females and two males clients resided in this group home. One female was diagnosed with moderate mental retardation, and the remaining clients were diagnosed with mild mental retardation. These clients had multiple medical diagnoses. During this survey, five clients were present as one female had been hospitalized prior to the survey. One male client remained in the group home during the day and was periodically repositioned from his bed to his wheelchair. The five clients that were observed had physical challenges and required assistance to ambulate or mobilize within their environment. A random sampling of three clients was selected for the purposes of this survey.

Findings of the survey were based on interviews with clients, direct care staff, and medical staff. The findings were also based on observations at the group home and day program settings, and review of records, including incident reports and investigations.

At the conclusion of the survey, the facility was found out of compliance with the federal requirements of Active Treatment and Facility Staffing.

W 100 440.150(c) ICF SERVICES OTHER THAN IN INSTITUTIONS

W 100

7/4/08

2008 JUL -7 P 5:01

RECEIVED
DEPARTMENT OF HEALTH
HEALTH REGULATION
ADMINISTRATION

7/4/08

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

EXECUTIVE DIRECTOR

(X6) DATE

7/2/08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 100	Continued From page 1 "Intermediate care facility services" may include services in an institution for the mentally retarded (hereafter referred to as intermediate care facilities for persons with mental retardation) or persons with related conditions if: (1) The primary purpose of the institution is to provide health or rehabilitative services for mentally retarded individuals or persons with related conditions; (2) The institution meets the standards in Subpart E of Part 442 of this Chapter; and (3) The mentally retarded recipient for whom payment is requested is receiving active treatment as specified in §483.440.	W 100		
W 104	This STANDARD is not met as evidenced by: Based on observations, interviews, and review of records, the facility failed to ensure that each client received needed active treatment services. (See W196 and W249) 483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observations, staff interviews and the record review the facility's governing body failed to provide general operating directions over the facility as evidenced by the following and the deficiencies cited throughout this report: The findings include:	W 104	The governing body will ensure adequate operating directions by implementing a new on-going training tools and protocols.	7/4/08

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FORM CMS-2567(02-99) Previous Versions Obsolete

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W 120	<p>Continued From page 3</p> <p>and staff, and record review, the facility failed to ensure that outside contracted services met the needs of client #2 in the sample.</p> <p>The finding includes:</p> <p>Client #2's day program failed to provide the client with prevocational opportunities as outlined in her assessments. Also, the day program failed to explore adaptive equipment options that would provide her further independent and possible job security as evidenced by the following:</p> <ol style="list-style-type: none"> 1. Client #2 has been diagnosed with severe ataxia and presented extreme uncontrollable tremors in all of her extremities. On May 29, 2008 at 2:30 PM, client #2's vocational assessment dated February 26, 2007 was reviewed at the residential facility. Reportedly, the assessment had been court ordered. The assessment reflected that Client #2's secretarial abilities had been assessed (answering telephone and working on keyboard of a computer); however, due to the tremors, she was "unable to perform tasks such as using a touchtone telephone and manipulating keyboard on the computer". This assessment indicated that client #2's inability to perform frustrated her. Although the client had expressed interest in secretarial services, the assessment recommended exploring the possibility of a sheltered employment environment, such as sorting and placing items such as clothing, groceries for restocking, small toys or other items in the appropriate containers. It was suggested that weight and size of these items be considered based on her ability to handle them. 2. An interview was conducted with the day 	W 120	<p>ILS will meet with the Day Program Provider to explore prevocational opportunities. ILS will ensure client #2's vocational skills are re-assessed, however, based on the assessment provided by the Physical Therapist there has been a considerable decline in client #2's functional abilities and those items originally recommended would no longer be appropriate for client #2.</p>		7/4/08

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W 120	<p>Continued From page 4</p> <p>program staff of client #2 on May 29, 2008 at 10:00 AM. The staff person interviewed had worked with client #2 for four months. According to the staff, client #2 had objectives which included answering the telephone, transferring calls, and engaging with the computer. The staff indicated that client #2 could independently answer the telephone and could direct calls to the appropriate stations. According to the staff, client #2 refused 100% of the time, to operate the computer and refused most times to answer and transfer telephone calls. The staff described client #2's behaviors as manipulative, shows off, aggressive (verbally and physically) when she did not have her way.</p> <p>During the observation at the day program on May 29, 2008, at 10:30 AM, client #2 was asked by the surveyor to demonstrate what she would say when answering the telephone at the day program. Client #2 verbalized an appropriate greeting and asked the questions identified by the program in responding to calls. The client indicated verbally and by gestures that the day program did not have the correct type of phone set that she needed to perform the tasks. The staff agreed but provided no resolution.</p> <p>Client #2 was willing to demonstrate for the surveyor her ability in using the computer. With encouragement and hand over hand assistance, the client was able to turn the computer on after sometime. Although staff needed to stabilize her hands (tremors), she pressed the correct keys and used the computer mouse. After performing the steps, the client smiled.</p> <p>NOTE: The client had a program to select and play a game on the computer, however, there</p>	W 120	<p>ILS will meet with the Day Program to ensure programs and objectives are appropriate and being implemented.</p> <p>ILS will meet with the Day Program for client #2 to provide a solution for supports to allow them to participate in active treatment appropriately.</p>	<p>7/4/08</p> <p>7/4/08</p>

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W 120	Continued From page 5 was only one game available, Solitaire. Client #2 stated that she did not know how to play the Solitaire.	W 120		
W 126	483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. This STANDARD is not met as evidenced by: Based on clients (#1, #2) interviewed, the facility failed to ensure the rights of clients to be allowed and encouraged to manage their financial affairs and to be taught to do so to the extent of their capabilities. The findings include: 1. During the survey observations on May 28 and 29, 2008, client #1 held her wallet and verbalized that she had monies. The day program staff stated that the client enjoyed using the vending machine at the day program and regularly spoke of purchasing purses. The group home staff agreed that the client likes purses. On May 30, 2008 at 10:45 AM the individual support plan was reviewed. The financial assessment was dated May 5, 2008 and reflected that client #1 was unable to perform in all areas assessed including recognizing coins and counting. According to staff interviews conducted on May 29, 2008 at 5:10 PM, client #1 made store purchases with minimal assistance and consistently recognized 10, 25, \$1.00, and \$5.00. There was no formal program written to	W 126	ILS has completed updates for all individual assessments and will implement appropriate active treatment goals including but not limited to money management goals.	7/4/08

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W 126	Continued From page 6 encourage client #1 to engage in her finances to her greatest extent possible.	W 126			
W 130	2. Client #2 indicated during an interview conducted on May 30, 2008 at 4:10 PM, that she wanted to go to the bank and withdraw money. There was no evidence that the client had been encouraged to learn or participate in banking services. Client #2 did have a money management program, although she demonstrated knowledge of money and a desire to participate in her finances. 483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation, the facility failed to teach and ensure clients' rights to privacy during their medication administration. The findings include: On May 28 and 29, 2008 the medication nurse administered Client #1 and Client #2 their medications in the dining room area where other clients and staff were seated. The nurse was not observed to offer the clients a private area. It could not be determined that the clients had been taught the right to privacy or that the staff ensure the clients' rights to privacy during the medication pass.	W 130			
W 158	483.430 FACILITY STAFFING The facility must ensure that specific facility	W 158		ILS will provide the nursing staff and all other staff with training on client's rights and their right to privacy. 7/4/08	

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W-158	Continued From page 7 staffing requirements are met.	W 158	ILS will provide extensive training to all QMRPs on client's rights and active treatment to ensure that they have adequate knowledge of what is needed to support each client's needs. The new QA system in place will follow-up to ensure that they have adequate knowledge and staffing to support the client's needs.	7/4/08
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W-159	<p>This CONDITION is not met as evidenced by: Based on observations, client and staff interviews, and record review, the facility failed to ensure that the Qualified Mental Retardation Professional demonstrated competency in ensuring the protect of clients' rights and competency in ensuring all clients received active treatment services in accordance with their needs [Refer to W159].</p> <p>The effects of these systemic practices results in the facility's failure to provide staffing to ensure active treatment supports.</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews with clients, staff, and the Qualified Mental Retardation Professional (QMRP), the QMRP failed to ensure that client's active treatment programs to include interventions were established, integrated, coordinated and monitored.</p> <p>The findings include</p> <p>1. Interview with staff on May 30, 2008 at 10:30 AM, client #2 "most times she doesn't drink with her lunch because the program will not allow her to always have soda". The day program staff stated how this would be a concern with other</p>	W 159	ILS will meet with the Day Program to ensure there is adequate staffing to comply with mealtime protocols for client #2.	7/4/08
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W 159	<p>Continued From page 8.</p> <p>consumers desiring the same. According the client #2's meal protocol, she was required to drink throughout her meals. During interview with the QMRP, he indicated that he had not been informed of any issues and was not made aware that client #2 was not drinking during her meals.</p> <p>2. The QMRP failed to ensure that there was congruency between client #1's assessments, program performance, program criteria, and staff implementation.</p> <p>According to client #1's Occupational Therapy assessment dated February 5, 2008 the client required minimal assistance in grooming, using deodorant, bathing, and caring for her hair. The assessment further reflected "continue to allow consumer to function as independently as possible when completing dressing and bathing activities"</p> <p>a. Client #1's individual program plan was reviewed on May 30, 2008 at 10:45 PM and reflected an objective that read "with physical assistance, will participate in bathing herself on 75% of the trials". Documentation for May 2008 reflected 40% independence and March data reflected 100% physical assistance</p> <p>Staff interviews were conducted on May 29, 2008, between 2:00 PM and 4:00 PM. Both interviewees described client #1 as essentially independent in areas of self help. It was stated that some assistance was needed. The staff who was interviewed indicated that client #1 was capable of holding a washcloth, washing her upper body, and making attempts to wash bath leg.</p>	W 159	<p>ILS has developed a new Quality Assurance System to ensure continuity with regard to all assessments and recommendations and programs</p> <p>ILS will ensure that programs are for clients' functional assessments.</p>		<p>7/4/08</p> <p>7/4/08</p>

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W 159	<p>Continued From page 9</p> <p>b. Client #1 had a toothbrushing program included in her Individual Program Plan (IPP). According to one direct care staff, the client needed assistance putting toothpaste on the tooth brush, but could brush her teeth independently. However, another staff indicated that the client needed hand over hand assistance.</p> <p>The program data reflected that in May 2008, client #1 performed the program independently 50% of the trials, although the objective was for verbal assistance.</p> <p>3. During the survey from May 28 through May 30, 2008, client #1 wore a seat belt that hung below her stomach and loosely. On May 30, 2008 at 10:45 AM, a Physical Therapist note dated February 11, 2008 was reviewed. The note revealed that client #1 would unlock her wheelchair and van seat belts. Staff were instructed to use a gait belt with the buckle behind the seat. The PT recommended that the facility purchase a new custom wheelchair with the seatbelt's release tab behind the seat. Although the interviews with the nurse and the Home Manager, conducted May 30, 2008 at 3:15 PM, indicated that the client's behavior of unlocking seatbelts did not occur anymore, there was no evidence that the facility addressed the PT recommendations. Also, it could not be determined that the QMRP had addressed the staff need for training and ensured the safety of client #1.</p> <p>4. The QMRP failed to ensure that adaptive equipment geared towards enhancing the independent abilities were made operable and maintained for addressing the active treatment needs of client #2. [Refer to W436]</p>	W 159	<p>ILS will ensure that programs are being implemented and developed in accordance to the individual's functional levels. The new Quality Assurance forms developed will allow for this.</p> <p>ILS will ensure adequate training on all Programs.</p> <p>ILS will ensure training of all safety protocols for all individuals. ILS will ensure that the Physical Therapist re-evaluates client #1's needs. The new Quality Assurance system will ensure there is a follow-up with the recommendations.</p>	<p>7/4/08</p> <p>7/4/08</p> <p>7/4/08</p>

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W 159	<p>Continued From page 11</p> <p>recommendations. It should be noted that the client admitted having a significant relationship that included kissing, dating and hugging.</p> <p>d) It could not be determined the identified formal programs outlined in client #2's individual program plans were challenging to the client.</p> <p>The IPP reflects a program implemented one times a month whereas client #2 "will send out mail to a preferred individual. She was to choose her kind of mail and indicate who the mail was going out to, shop for card, assist with addressing envelope, and drop the mail at a post office.</p> <p>To date, the documentation reflected that client #2 had performed at 100% physical assistance. Each of the steps required for this program would require physical assistance as the client was limited in her physical abilities.</p> <p>Will follow directive to independently read her residential information 5 times at 80% with verbal prompting. The task required that the staff assists with writing the information or showing the addressed envelope.</p> <p>The Occupational Therapy assessment reflected "consumer has severe coordination deficits resulting in the lack of smooth coordinated movement necessary for most fine motor tasks. It was also stated that the client "can hold a pen/pencil but writing is eligible due to coordination deficits</p> <p>During interview with client #2 on May 29, 2008 at 10:00 AM, the client stated her complete address including the section of the city.</p>	W 159	<p>ILS has performed updated assessments and will develop programs that are appropriate for all individuals.</p>	7/4/08

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W 195	483.440 ACTIVE TREATMENT SERVICES The facility must ensure that specific active treatment services requirements are met. This CONDITION is not met as evidenced by: Based observations, interviews, and record reviews, the facility failed to provide continuous and aggressive active treatment services and interventions in accordance with recommendations presented by professional staff of the interdisciplinary team (IDT). [Refer to W196; W249]; failed to provide opportunities for self-management [Refer to W247]; and failed to provide adaptive equipment to enhance independent skills. [Refer to W436]. The findings of these systemic practices results in the facility's failure to adequately govern the facility in a manner that would ensure its clients' were provided active treatment to address their identified needs.	W 195	ILS will provide adequate training for all staff on active treatment.	7/4/08	
W 196	483.440(a)(1) ACTIVE TREATMENT Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status.	W 196	ILS has provided all individuals with updated assessments to ensure appropriate and adequate active treatment programs are implemented.	7/4/08	

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W 196	Continued From page 13 This STANDARD is not met as evidenced by: Based on observations, interviews with client(s), direct care staff, and record verification, the facility failed to identify and implement day program activities that were related to client's(2) interest and abilities to encourage an optimal level of functioning. The findings include: Client #2's day program failed to provide the client with prevocational opportunities as outlined in her assessments. Also, the day program failed to explore adaptive equipment options that would provide her further independent and possible job security as evidenced by the following: 1. Client #2 has been diagnosed with severe ataxia and presented extreme uncontrollable tremors in all of her extremities. On May 29, 2008 at 2:30 PM, client #2's vocational assessment dated February 26, 2007 was reviewed at the residential facility. Reportedly, the assessment had been court ordered. The assessment reflected that Client #2's secretarial abilities had been assessed (answering telephone and working on keyboard of a computer); however, due to the tremors, she was "unable to perform tasks such as using a touchtone telephone and manipulating keyboard on the computer". This assessment indicated that client #2's inability to perform frustrated her. Although the client had expressed interest in secretarial services, the assessment recommended exploring the possibility of a sheltered employment environment, such as sorting and placing items such as clothing, groceries for restocking, small toys or other items in the appropriate containers. It was suggested that weight and size of these	W 196	See W120	7/4/08
			See W120	7/4/08

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER INNOVATIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 114 DIVISION AVENUE, NE WASHINGTON, DC 20019	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 196	<p>Continued From page 14</p> <p>items be considered based on her ability to handle them.</p> <p>2. An interview was conducted with the day program staff of client #2 on May 29, 2008 at 10:00 AM. The staff person interviewed had worked with client #2 for four months. According to the staff, client #2 had objectives which included answering the telephone, transferring calls, and engaging with the computer. The staff indicated that client #2 could independently answer the telephone and could direct calls to the appropriate stations. According to the staff, client #2 refused 100% of the time, to operate the computer and refused most times to answer and transfer telephone calls. The staff described client #2's behaviors as manipulative, shows off, aggressive (verbally and physically) when she did not have her way.</p> <p>During the observation at the day program on May 29, 2008, at 10:30 AM, client #2 was asked by the surveyor to demonstrate what she would say when answering the telephone at the day program. Client #2 verbalized an appropriate greeting and asked the questions identified by the program in responding to calls. The client indicated verbally and by gestures that the day program did not have the correct type of phone set that she needed to perform the tasks. The staff agreed but provided no resolution.</p> <p>Client #2 was willing to demonstrate for the surveyor her ability in using the computer. With encouragement and hand over hand assistance, the client was able to turn the computer on after sometime. Although staff needed to stabilize her hands (tremors), she pressed the correct keys and used the computer mouse. After performing</p>	W 196	<p>See W120</p> <p>See W120</p> <p>See W120</p>	<p>7/4/08</p> <p>7/4/08</p> <p>7/4/08</p>

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W 196

Continued From page 15
the steps, the client smiled.

NOTE: The client had a program to select and play a game on the computer; however, there was only one game available, Solitaire. Client #2 stated that she did not know how to play the Solitaire.

W 196

7/4/08

2. During this survey, client #2 presented with severe muscular movements that were uncontrollable. According the client's physical examination report dated November 19, 2007, the client suffers from Friedrich Ataxia and Olivoponocerbellar - degenerative. The physical therapy assessment dated March 16, 2008 reference to several adaptive devices to assist the client. At the time of the survey, these devices either had not been ordered, were not working, or had not been implemented. [Refer to W436]

ILS will ensure that all recommendations are implemented by the use of a new Quality Assurance for to track clinical recommendations.

7/4/08

3. Client #2 informed the surveyor during an interview that she had a boyfriend. A picture of the boyfriend was observed on her nightstand. During the interview, client #2 mentioned that she was pregnant and then laughed. Client #2's records reflected a human sexuality assessment, dated May 5, 2008. Although the assessment identified areas of need, there was no training recommended. It should be noted that the client admitted having a significant relationship that included kissing, dating and hugging.

See W159

7/4/08

W 247

483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN

W 247

The individual program plan must include opportunities for client choice and self-management.

This STANDARD is not met as evidenced by:

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W 247	<p>Continued From page 16</p> <p>Based on observation, staff interview, and record review, the facility failed to ensure that each client was provide the necessary resources to self-management as independently as possible, for one of the three clients in the sample. (Clients #2)</p> <p>The findings include:</p> <p>During this survey, client #2 presented with severe muscular movements that were uncontrollable. According the client's physical examination report dated November 19, 2007, the client suffers from Friedrich Ataxia and Olivoponocerbellar - degenerative. The physical therapy assessment dated March 16, 2008 recommended several adaptive devices to assist the client with independency during activities of daily living</p> <p>1. The PT assessment reflected that client #2 "may benefit from using a laptray on her new wheel chair to encourage an upright position. On March 16 2008, the PT wrote that the client may benefit from a custom fitted manual wheelchair. It was noted February 28, 2008 that the required forms had been submitted. There was no further documentation available to determine the status of the recommended devices.</p> <p>2. A battery operated toothbrush had been recommended. Staff interview was conducted at 4:30 PM on May 29, 2008. This interview revealed that staff was not aware of client #2 havng an electric toothbrush. Another staff with more tenure stated that the consumer had an electric toothbrush. The electric toothbrush was retrieved from the clients personal kit; however, it was inoperable because it did not have batteries.</p>	W 247	<p>ILS was waiting for the adaptive equipment to be delivered. ILS had exhausted all its options until the equipment was received. Client #2 has obtained all adaptive equipment.</p>	7/4/08

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W 247	<p>Continued From page 17</p> <p>There were no replacement batteries available in the facility. Additionally the staff did not know how to change the batteries, and the toothbrush head was worn and uncovered.</p> <p>3. The Individual Support Plan (ISP), dated December 2007, identified that client #2's assistive devices included a mitt with a soap pocket to assist bathing independently. During the environment inspection, there was no mitt observed. The QMRP could not explain why the mit was not available during survey.</p> <p>4. On May 29, 2008 at 2:30 PM, client #2's vocational assessment dated February 26, 2007 was reviewed at the residential facility. Reportedly, the assessment had been court ordered. The assessment reflected that Client #2's secretarial abilities had been assessed (answering telephone and working on keyboard of a computer), however, due to the tremors, she was "unable to perform tasks such as using a touchtone telephone and manipulating keyboard on the computer." This assessment indicated that client #2's inability to perform frustrated her.</p> <p>An interview was conducted with the day program staff of client #2 on May 29, 2008 at 10:00 AM. According to the staff, client #2 had objectives which included answering the telephone, transferring calls, and engaging with the computer. The staff indicated that client #2 could independently answer the telephone and could direct calls to the appropriate stations. According to the staff, client #2 refused 100% of the time, to operate the computer and refused most times to answer and transfer telephone calls.</p>	W 247	<p>ILS will ensure all staff is trained on all recommendations for individuals.</p> <p>ILS will ensure that all individuals receive appropriate and recommended adaptive equipment.</p>	<p>7/4/08</p> <p>7/4/08</p>

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W 249	Continued From page 19 the client's path to the kitchen. There was no attempts to moving the sofa to allow the necessary space for client #1 to maneuver and independently engage in the task.	W 249	See W159	7/4/08
W 278	2. According to the staff interview conducted on May 29, 2008 at 5:40 PM, client #1 assisted with sweeping, setting the table, and performing simple laundry. According to client #1's individual program plan (IPP), the client had a formal program to set the dining room table prior to meals; however, her participation in this activity was not encouraged on May 28 or 29, 2008. 483.450(b)(1)(iii) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Procedures that govern the management of inappropriate client behavior must insure, prior to the use of more restrictive techniques, that the client's record documents that programs incorporating the use of less intrusive or more positive techniques have been tried systematically and demonstrated to be ineffective. This STANDARD is not met as evidenced by: Based on review of client #1's physician's orders and MAR, the facility failed to ensure that client's records documented that programs incorporating the use of less intrusive or more positive techniques have been tried systematically and had demonstrated to be ineffective for client #1. The finding includes: While reviewing client #1's physician's orders, on May 29, 2008 at 3:45 PM, it was reflected that the client had an one time order for Ativan 4 mg to use prior to an MRI of the brain. The MAR	W 278		

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W 278	Continued From page 20 reflected that the dosage had been administered on the prescribed date, February 7, 2008. The approvals from the appropriate sources had been granted; however, there was no documented evidence that alternatives of positive techniques had been considered. Interview with the LPN, Qualified Mental Retardation Professional, and Program Director on May 30, 2008 at 3:00 PM confirmed that alternative techniques had not been implemented.	W 278	ILS will ensure that all clients' rights are respected and that staff will follow all instructions included in the Behavior Support Plan. ILS will ensure that all other positive alternatives are implemented. ILS will provide training to nurses and QMRPs by a psychologist.	7/4/08
W 436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on client interview, observation, direct care staff interview, and record review, the facility failed to furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of recommended equipment. The findings include: During this survey, client #2 presented with severe muscular movements that were uncontrollable. According the client's physical examination report dated November 19, 2007, the client suffers from Friedrich Ataxia and Olivoponocerbellar - degenerative. The physical therapy assessment dated March 16, 2008 reference to several adaptive devices to assist	W 436	See W196	7/4/08

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W 436	<p>Continued From page 21</p> <p>the client. These devices either had not been ordered, were not working, or had not been implemented at the time of this survey.</p> <p>1. The PT assessment reflected that client #2 "may benefit from using a laptray on her new wheel chair to encourage an upright position. On March 16 2008, the PT wrote that the client may benefit from a custom fitted manual wheelchair. It was noted February 28, 2008 that the required forms had been submitted. There was no further documentation available to determine the status of the recommended devices.</p> <p>2. The PT assessment recommended that client #2 have a "plastic coated spoon to protect her teeth due to her tremors". The spoon was not available during this survey. According to the QMRP, there have been problems with the provider but the information had been requested.</p> <p>3. A battery operated toothbrush had been recommended. Staff interview was conducted at 4:30 PM on May 29, 2008. This interview revealed that staff was not aware of client #2 having an electric toothbrush. Another staff with more tenure stated that the consumer had an electric toothbrush. The electric toothbrush was retrieved from the clients personal kit; however, it was inoperable because it did not have batteries. There were no replacement batteries available in the facility. Additionally the staff did not know how to change the batteries, and the toothbrush head was worn and uncovered.</p> <p>4. The Individual Support Plan (ISP), dated December 2007, identified that one of client #2's assistive devices were hand weights. According to staff's interview on May 29, 2008 at 4:30 PM,</p>	W 436	See W247	7/4/08

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		DATE OF CORRECTION	(X5)

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Facility ID: 09G194

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1 000	<p>INITIAL COMMENTS</p> <p>This recertification survey was conducted from May 28, 2008 to May 30 2008. At the time of the survey four females and two males clients resided in this group home. One female was diagnosed with moderate mental retardation, and the remaining clients were diagnosed with mild mental retardation. These clients had multiple medical diagnoses. During this survey, five clients were present as one female had been hospitalized prior to the survey. One male client remained in the group home during the day and was periodically repositioned from his bed to his wheelchair. The five clients that were observed had physical challenges and required assistance to ambulate or mobilize within their environment. A random sampling of three clients was selected for the purposes of this survey.</p> <p>Findings of the survey were based on interviews with clients, direct care staff, and medical staff. The findings were also based on observations at the group home and day program settings, and review of records, including incident reports and investigations.</p>	1 000	See W126		7/4/08
1 401	<p>3520.3 PROFESSION SERVICES: GENERAL PROVISIONS</p> <p>Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.</p> <p>This Statute is not met as evidenced by Based on clients (#1, #2) interviewed, the facility failed to ensure the rights of clients to be allowed and encouraged to manage their financial affairs</p>	1 401			

Health Regulation Administration

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

7IOV11

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I 401	<p>Continued From page 1</p> <p>and to be taught to do so to the extent of their capabilities</p> <p>The findings include:</p> <p>1. During the survey observations on May 28 and 29, 2008, client #1 held her wallet and verbalized that she had monies. The day program staff stated that the client enjoyed using the vending machine at the day program and regularly spoke of purchasing purses. The group home staff agreed that the client likes purses. On May 30, 2008 at 10:45 AM the individual support plan was reviewed. The financial assessment was dated May 5, 2008 and reflected that client #1 was unable to perform in all areas assessed including recognizing coins and counting. According to staff interviews conducted on May 29, 2008 at 5:10 PM, client #1 made store purchases with minimal assistance and consistently recognized 10, 25, \$1.00, and \$5.00.</p> <p>There was no formal program written to encourage client #1 to engage in her finances to her greatest extent possible.</p> <p>2. Client #2 indicated during an interview conducted on May 30, 2008 at 4:10 PM, that she wanted to go to the bank and withdraw money. There was no evidence that the client had been encouraged to learn or participate in banking services. Client #2 did have a money management program, although she demonstrated knowledge of money and a desire to participate in her finances.</p>	I 401	See W126	7/4/08
I 420	<p>3521.1 HABILITATION AND TRAINING</p> <p>Each GHMRP shall provide habilitation and training to its residents to enable them to acquire</p>	I 420		

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I 420	<p>Continued From page 2</p> <p>and maintain those life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning.</p> <p>This Statute is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure that each client was provide the necessary resources to self-management as independently as possible, for one of the three clients in the sample. (Clients #2)</p> <p>The findings include:</p> <p>During this survey, client #2 presented with severe muscular movements that were uncontrollable. According the client's physical examination report dated November 19, 2007, the client suffers from Friedrich Ataxia and Olivoponocerbellar - degenerative. The physical therapy assessment dated March 16, 2008 recommended several adaptive devices to assist the client with independency during activities of daily living.</p> <p>1. The PT assessment reflected that client #2 "may benefit from using a laptray on her new wheel chair to encourage an upright position. On March 16 2008, the PT wrote that the client may benefit from a custom fitted manual wheelchair. It was noted February 28, 2008 that the required forms had been submitted. There was no further documentation available to determine the status of the recommended devices.</p> <p>2. A battery operated toothbrush had been recommended. Staff interview was conducted at 4:30 PM on May 29, 2008. This interview revealed that staff was not aware of client #2</p>	I 420	See W196	7/4/08	

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I 420	Continued From page 4 to the staff, client #2 refused 100% of the time, to operate the computer and refused most times to answer and transfer telephone calls. During the observation at the day program on May 29, 2008, at 10:30 AM, client #2 was asked by the surveyor to demonstrate what she would say when answering the telephone at the day program. Client #2 verbalized an appropriate greeting and asked the questions identified by the program in responding to calls. The client indicated verbally and by gestures that the day program did not have the correct type of phone set that she needed to perform the tasks. The staff agreed but provided no resolution.	I 420	See W120	7/4/08
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observation, client and staff interviews, and record review, the GHMRP failed to provide habilitation, training and assistance to residents in accordance with the residents Individual Habilitation Plan. The findings include: Client #2's day program failed to provide the client with prevocational opportunities as outlined in her assessments. Also, the day program failed to explore adaptive equipment options that would provide her further independent and possible job security as evidenced by the following: 1. Client #2 has been diagnosed with severe ataxia and presented extreme uncontrollable	I 422	See W120	7/4/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/30/2008
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
I-422	Continued From page 5 tremors in all of her extremities. On May 29, 2008 at 2:30 PM, client #2's vocational assessment dated February 26, 2007 was reviewed at the residential facility. Reportedly, the assessment had been court ordered. The assessment reflected that Client #2's secretarial abilities had been assessed (answering telephone and working on keyboard of a computer); however, due to the tremors, she was "unable to perform tasks such as using a touchtone telephone and manipulating keyboard on the computer." This assessment indicated that client #2's inability to perform frustrated her. Although the client had expressed interest in secretarial services, the assessment recommended exploring the possibility of a sheltered employment environment, such as sorting and placing items such as clothing, groceries for restocking, small toys or other items in the appropriate containers. It was suggested that weight and size of these items be considered based on her ability to handle them. 2. An interview was conducted with the day program staff of client #2 on May 29, 2008 at 10:00 AM. The staff person interviewed had worked with client #2 for four months. According to the staff, client #2 had objectives which included answering the telephone, transferring calls, and engaging with the computer. The staff indicated that client #2 could independently answer the telephone and could direct calls to the appropriate stations. According to the staff, client #2 refused 100% of the time, to operate the computer and refused most times to answer and transfer telephone calls. The staff described client #2's behaviors as manipulative, shows off, aggressive (verbally and physically) when she did not have her way.	I-422	See W120		7/4/08
			See W120		7/4/08

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1422	Continued From page 6 During the observation at the day program on May 29, 2008, at 10:30 AM, client #2 was asked by the surveyor to demonstrate what she would say when answering the telephone at the day program. Client #2 verbalized an appropriate greeting and asked the questions identified by the program in responding to calls. The client indicated verbally and by gestures that the day program did not have the correct type of phone set that she needed to perform the tasks. The staff agreed but provided no resolution. Client #2 was willing to demonstrate for the surveyor her ability in using the computer. With encouragement and hand over hand assistance, the client was able to turn the computer on after sometime. Although staff needed to stabilize her hands (tremors), she pressed the correct keys and used the computer mouse. After performing the steps, the client smiled. NOTE: The client had a program to select and play a game on the computer; however, there was only one game available, Solitaire. Client #2 stated that she did not know how to play the Solitaire.	1422	See W120	7/4/08
1447	3521.7(q) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (q) Human sexuality This Statute is not met as evidenced by: Based on client interview, and record review, the GHMRP failed to provide documented training of residents in the area of	1447	See W120	7/4/08

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1 447	Continued From page 7 (g) Human sexuality: The finding includes: During observation of and interview with client #2, she informed the surveyor that she does have a boyfriend. She maintained a picture of the boyfriend on her nightstand. During the interview, client #2 mentioned that she was pregnant and then laughed. Client #2's records reflected a human sexuality assessment dated May 5, 2008. The assessment made no recommendations to address issues that were identified as areas of need. Also, there was no evidence of the client receiving training to assist her education since she admitted to participating in have a significant relationship, kissing, dating and hugging.	1 447	See W159	7/4/08
1 500	3523.1 RESIDENT'S RIGHTS Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: Based on observation, interview and record review, the Group Home for Persons with Mental Retardation (GHMRP) failed to observe and protect the rights of a resident, in accordance with federal regulation 42 CFR 483. The findings include: 1. Client #2's day program failed to provide the client with prevocational opportunities as outlined in her assessments. Also, the day program failed to explore adaptive equipment options that would	1 500	See W120	7/4/08

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1-500	<p>Continued From page 8</p> <p>provide her further independent and possible job security. [See Federal Citation W196 and W247]</p> <p>2. During the survey from May 28 through May 30, 2008, client #1 wore a seat belt that hung below her stomach and loosely. On May 30, 2008 at 10:45 AM, a Physical Therapist note dated February 11, 2008 was reviewed. The notation reflected that "staff reported that client #1 would unlock her seat belt on the wheelchair and the van. Staff were instructed to use a gait belt with the buckle behind the seat and that follow up with new custom wheelchair should be done and the new wheelchair should present the seatbelt with the release tab behind the seat. According to interviews with the nurse and the Home Manager, conducted May 30, 2008 at 3:15 PM, client #1 does not currently display the unsafe behavior "anymore"</p> <p>It could not be determined that the QMRP had addressed the staff need for training and ensured the safety of client #1</p>	1-500	See W159	7/4/08